

**Fulton County Department of Health and Wellness
Environmental Health Services Division**

North District Office
3155 Royal Drive, Suite 150
Alpharetta, GA 30022
Telephone (404) 332-1801 / Fax (404) 893-6746

**SPECIAL EVENTS
ORGANIZER INFORMATION PACKET**

PACKET CONTENTS

- Special Event Organizer Application for Exemption Status
- Application For Special Event Organizer Non-Food Permit
- Application For Permit To Operate A Special Food Service
- Booth Design Grid
- Application For Special Event Food Service Vendor Certification
- Fee Schedule

CONTACTS

Theresa Highsmith: North District Office-Senior Environmental Specialist, (404) 332-1824

Edward S. Smith: North District Office- Environmental Health Supervisor, (404) 332-1808

Application Procedures for Organizing a Special Event

- The organizer may complete a Special Event Organizer Application For Exemption Status, if your organization is sponsored by a municipality, charitable organization, or has IRS Tax Code 501 tax status.
- Provide information regarding the pending special event to the Fulton County Department of Health and Wellness, Environmental Services Division, **30** days prior to the start of the event.

Special Event Non-Food Procedures – Organizer

- Return a completed Application For Special Event Organizer Non-Food Permit.
- Comply with the Fulton County Code of Ordinances and Code of Resolutions, Chapter 34 – Health and Sanitation, non-food articles (Article IV -Drinking Water, Article X – Solid Waste, and Article XI - Sewage Disposal).

Special Event Food Procedures– Organizer/Special Food Service Vendor

- Return a completed Application For Permit To Operate A Special Food Service (for each vendor), including a list of temporary food service establishments, a booth design, and appropriate plan review fees.
The organizer is responsible for collecting and submitting all permit and plan review fees for each food vendor. Only a single business check, cashier check, or money order will be accepted. Revisions to the food vendor list must be submitted no later than 15 days prior the event.
- Submit a diagram of the site, which provides the location of each food vendor.

Special Food Service Vendor Certification (Optional)

- If an individual food service vendor has the same set-up at all special events, serves the same menu, and has taken a safe food handling class, sponsored by the Department, then complete an application for Special Event Food Service Vendor Certification.



SPECIAL EVENT ORGANIZER APPLICATION FOR EXEMPTION STATUS

Fulton County Department of Health and Wellness
Environmental Health Services Division
North District Office
3155 Royal Drive, Suite 150, Alpharetta, GA. 30022

EVENT
INFORMATION

Name: _____
Event Name

Location: _____ GA _____
(include Name of Park, etc. and full Address) Street City Zip Code

Duration in Consecutive Hours _____ Date Event to Begin _____ Date Event to End _____

ORGANIZER
INFORMATION

Name: _____

Address: _____
Street Room/Suite City State Zip Code

Work #: _____ Cell #: _____

Email: _____ Fax #: _____

SE EXEMPT
SPONSOR

Name: _____ Representative: _____

Address: _____
Street Room/Suite City State Zip Code

Telephone #: _____ Email: _____ Fax #: _____

Pursuant to O.C.G.A. §§ 26-2-390 et seq., certain special events are exempt from requirements as set forth in the Fulton County Code of Ordinances and Code of Resolutions, Chapter 34 Health and Sanitation, specifically Food Service-Article V, Drinking Water- Article IV, Sewage Disposal-Article XI and Solid Waste-Article X.

Check the following that apply:

- ☐ The event is sponsored by a political subdivision of this state or by an organization exempt from taxes under paragraph (1) of subsection (a) of Code Section 48-7-25 or under Section 501(d) or paragraphs (1) through (8) or paragraph (10) of Section 501(c) of the Internal Revenue Code, as that code is defined in Code Section 48-1-2 (**Submit appropriate Internal Revenue Service document**).

- ☐ The event lasts 120 consecutive hours or less.

* If both boxes are checked and appropriate documentation submitted, the special event is exempt by law from regulation by the Fulton County Department of Health and Wellness (FCDHW). The FCDHW, Environmental Health Services (EHS) Division will not be performing inspections and is not responsible for the assurance of safe food, free public drinking water, adequate sewage disposal and proper collection and storage of solid waste at this event. However, FCDHW is available for providing training in these areas upon request and will respond to complaints. **Preferred Contact Method:** ☐ Telephone ☐ Email ☐ Fax

* If both boxes are **not** checked, the Special Events Organizer Package must be completed.

I, _____, acknowledge by signing that I am responsible for the assurance of safe food, free drinking water, adequate sewage disposal and proper collection and storage of solid waste at this event.

Organizer Signature

Date

SE Exempt Sponsor Representative Signature

Date

===== EHS Use Only =====

☐ IRS Document attached Control # _____ EHS Staff _____ Date _____



APPLICATION FOR SPECIAL EVENT ORGANIZER NON-FOOD PERMIT

Fulton County Department of Health and Wellness
Environmental Health Services Division
North District Office
3155 Royal Drive, Suite 150, Alpharetta, GA 30022

Name: _____
Event Name

Location: _____ GA _____
(include Name of Park, etc. and full Address) Street City Zip Code

Telephone #: _____ Fax #: _____

Time of Operation _____ Date Event to Begin _____ Date Event to End _____

Anticipated Crowd _____ Hours of Peak Crowd _____ Alcohol Served: ☐ Yes ☐ No

Sewered Facilities Available: _____ # Drinking Water Facilities Available: _____

Solid Waste Receptacles Available: _____

Event Category: ☐ Fair ☐ Craft Show ☐ Festival ☐ Sporting Event
☐ Concert ☐ Market/Show ☐ Other

Event Description: _____

Name: _____

Address: _____
Street Room/Suite City State Zip Code

Telephone #: _____ Email: _____ Fax #: _____

Name: _____

Address: _____
Street Room/Suite City State Zip Code

Work #: _____ Cell #: _____

Email: _____ Fax #: _____

I, _____, certify that all information given in this application is true
Organizer Name (Print)

and correct to the best of my knowledge. I understand that it will be my and the property owner's responsibility to ensure that only Special Food Service vendors, permitted by this Department, participate in the event. I further understand and agree to comply with Fulton County Code of Ordinances and Code of Resolutions, Chapter 34, Health and Sanitation, Article IV, "Drinking Water", Article X, "Solid Waste" and Article XI, "Sewage Disposal", as the permit holder for non- food facilities at a special event in Fulton County. I understand that this application must be submitted at least 30 days prior to the event. I agree to pay a late fee (double the standard fee) if I fail to submit all necessary paperwork within 15 days of the event. If a permit is issued, it is non-transferable and is valid until it is surrendered, suspended, revoked or expired.

Preferred Contact Method: ☐ Telephone ☐ Email ☐ Fax

*** If the event is longer than one day, please provide an operating schedule. ***

Organizer Signature _____ Date _____ Control#: _____
EHS Use Only

===== **EHS Use Only** =====

Name: _____
Event Name

Date Received: ____/____/____ Control #: _____ Food Vendor Listing Attached ☐
Operating Schedule Attached ☐

**Total # of Nonsewered Toilet units
required:**
_____ units

**Total # of Drinking Water Units
Required**
_____ units

**Total # of Solid Waste Receptacles
Required**
_____ units

Total # of Units (Nonsewered Toilet, Drinking Water, and Solid Waste): ☐ 1 – 30 units ☐ 31+ units

Approval Date: ____/____/____ Permit # _____

Initial Permit Date: ____/____/____ Permit Expiration Date: ____/____/____

District Assignment: _____ Territory Assignment: _____ Commission District #: _____

Fee Schedule Table

(1 to 30 units) - \$50* +35/day (31+ units) - \$50*+70/day
* Plan review fee

Fee Amount: _____ Date of Remittance: ____/____/____ Check/M.O. #: _____

Receipt #: _____ Service Code _____

EHS Staff Date of Issuance



APPLICATION FOR PERMIT TO OPERATE A SPECIAL FOOD SERVICE

Fulton County Department of Health and Wellness
Environmental Health Services Division
North District Office, 3155 Royal Drive, Suite 150, Alpharetta, GA 30022

EVENT
INFORMATION

Name: _____

Address: _____

Street City State Zip Code

Date(s) of Event: _____

ORGANIZER
INFORMATION

Name: _____

Address: _____

Street Room/Suite City State Zip Code

Telephone #: _____ Fax: _____ Email: _____

VENDOR
INFORMATION

Name: _____

Address: _____

Street Room/Suite City State Zip Code

Telephone #: _____ Fax: _____ Email: _____

Food(s) to be served: _____

Booth Design Must Be Submitted With Application

I, _____, certify that all information given in this application is true and correct to the best of
Vendor Name (Print)

my knowledge. I further understand and agree to comply with Fulton County Code of Ordinances and Code of Resolutions, Chapter 34, Health and Sanitation, Article V, "Food Service", as the holder of a permit to operate a special food service in Fulton County. If a permit is issued, it is non-transferable and is valid until it is surrendered, suspended, revoked or expired.

Vendor Signature

Certification #

Title

Date

For EHS use only

Food Risk Type: ☐ Low Risk ☐ High Risk Establishment Code: _____ Permit#: _____

Fee Amount: _____ Date of Remittance: ____/____/____ Check/M.O.: _____ Receipt: _____

Permit Issue Date: ____/____/____ Permit Expiration Date: ____/____/____ District Assignment: _____ Territory: _____

EHS Staff

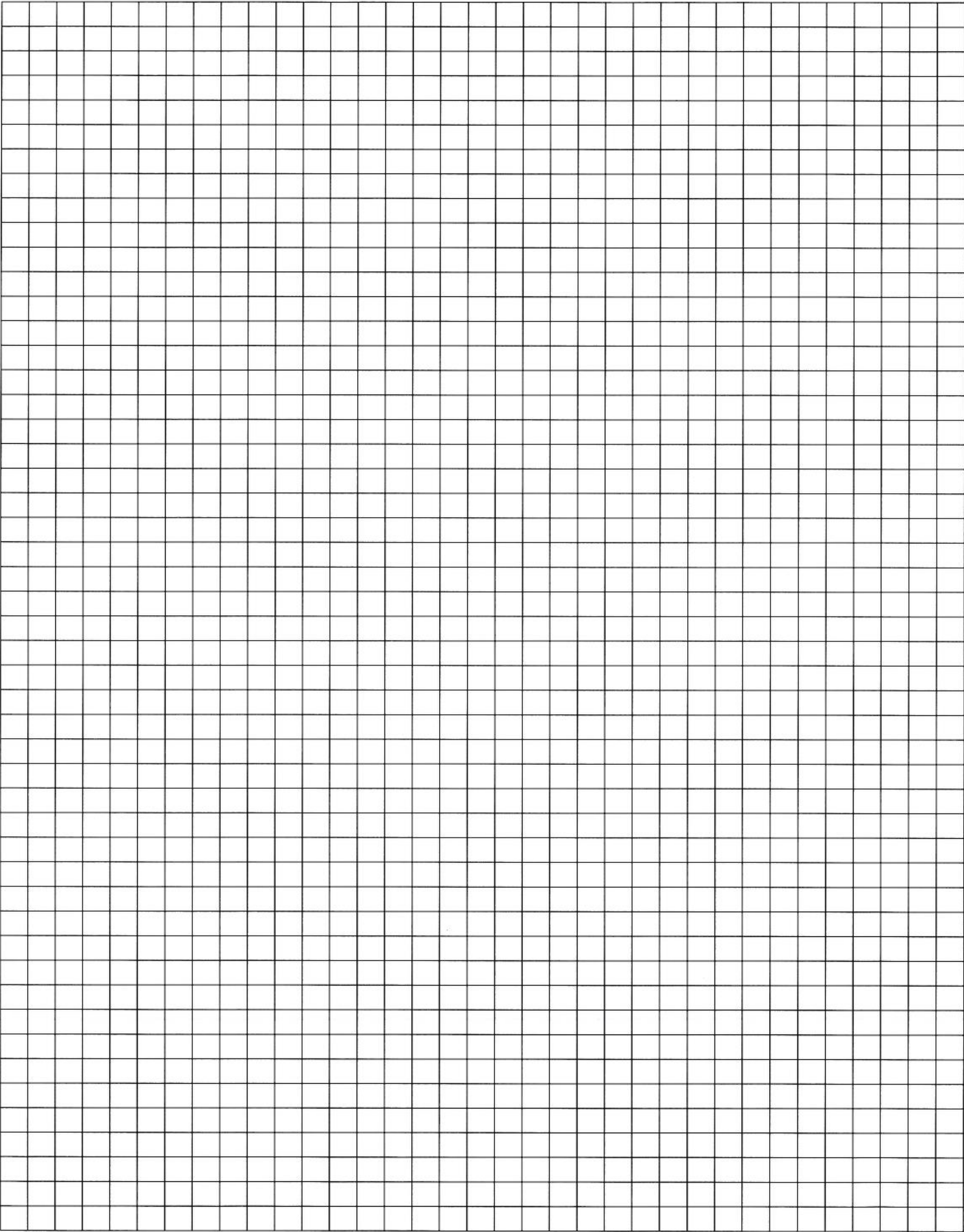
Date of Issuance

Food Risk Category Factor

Summary (Permit Fee)

Low Risk (\$30 + \$15 per day)

High Risk (\$30 + \$30 per day)





APPLICATION FOR SPECIAL EVENT FOOD SERVICE VENDOR CERTIFICATION

Fulton County Department of Health and Wellness
Environmental Health Services Division
North District Office, 3155 Royal Drive, Alpharetta, GA 30022

VENDOR
INFORMATION

Name: _____

Address: _____
Street Room/Suite City State Zip Code

Telephone #: _____ Fax: _____ Email: _____

Booth Location: _____
Street City State Zip Code

Food Risk Type: ☐ Low Risk ☐ High Risk

Food(s) to be served (attach menu if available):

Booth Design Must Be Submitted With Application

I, _____, certify that all information given in this application is true and correct to the best of
Vendor Name (Print)
my knowledge. I further understand and agree to comply with Fulton County Code of Ordinances and Code of Resolutions, Chapter 34, Health and Sanitation, Article V, "Food Service", as a certified special food service vendor. Furthermore I understand that my certification expires, may be suspended or revoked by the Department for failure to comply with Article V or the policies, procedures or guidelines as set forth by the Department.

Preferred Contact Method: ☐ Telephone ☐ Email ☐ Fax

Vendor Signature

Certification #

Title

Date

===== For EHS Use Only =====

Booth Design Approved: ☐ Yes ☐ No

EHS Staff

Date

Examination Date: ____/____/____

Examination Score: _____

Pass: ☐ Yes ☐ No

Certification #: _____ Expiration Date: _____ # Hours Needed for Re-certification: _____

Fee Amount: _____ Remittance: ____/____/____ Check/M.O. #: _____ Receipt #: _____

EHS Staff (Proctor)

Date

Special Event Fee Schedule

Type	Fee	Item Number
Special event Organizer Non-Food Permit (1-30 unit)	50*+35/day	52
Special Event Organizer Non- Food Permit (31+ units)	50*+70/day	53
Special Event Food Service Permit – Low Risk	30*+15/day	54
Special Event Food Service Permit – High Risk	30*+30/day	55
Special Event Non-Food Permit- Charitable Organization	0	56
Special Event Food Permit- Charitable Organization	0	57
Special Food Vendor License	100	59

*Plan Review Fee